

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-004300

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1466

STATE FILE NUMBER

FILED FEB 7 1962

1. PLACE OF DEATH

a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Missouri COUNTY St. Louis admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ST. LOUIS, MISSOURILength of stay in 1b
3 Daysc. CITY
OR TOWN OverlandInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION BARNES HOSPITALInside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
9151 East MiltonReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JOHANNA

M.

OBERTO

4. DATE
OF DEATH

Month

Day

Year

FEBRUARY

1

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/17/1898

9. AGE (last birthday)

63

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

At Home

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (City and state or country)

South Dakota

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Cassimere Armonville

13b. MOTHER'S MAIDEN NAME

Clemetine Ferguson

14. NAME OF HUSBAND OR WIFE

John Oberito

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

John Oberito 9151 East Milton

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) MITRAL STENOSIS

INTERVAL BETWEEN
ONSET AND DEATH

FEW YEARS

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b) RHEUMATIC HEART DISEASE

YEARS

DUE TO (c)

410x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from JUNE 16, 1940 to FEB. 1, 1962 and last saw her alive on FEBRUARY 1, 1962

Death occurred at 11:40 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

2/1/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Feb. 5, 1962

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Collier Mortuary, St. Ann, Mo.

25. DATE RECD. BY LOCAL REG.

FEB 2 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address St. Ann

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.